EXHIBIT E

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

MAY 27 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	 Your Contact Information. Please review and, if necessary, correct on the line to the right 	nt your contact information:
	Cadence Employee ID # 112162 — Last four digits of Social Security number —	
	lldududdddddddddddddddddddd Sanjay M. Abhyankar 189 -	
	If you wish, please add further contact information here. The and/or Class Counsel to reach you in the event there are que settlement check.	is will help the Settlement Administrator stions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening)	
	E-mail: Your Estimated Settlement Share, Dates of Employment	t, and Work Location
2.	Cadence Design Systems, Inc.'s records show that you were Position during the Covered Period as defined in the Settler	
	follows:	of Employment
	State(s) Where You Worked Start Date	End Date
	State(s) where rou worked	,
	CA	

JH H

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

5-701. Alshyamkan

Date 191

4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

HOENTERED MAY 2.12

Higazi v. Cudence Design Systems, Inc.
Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY

MAY 20 2008

SSI

CLAIM FORM

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	Cadence Employee ID # 112162 Last four digits of Social Security		
	llahadabhdadalaladadadada Sanjay M. Abhyankac 1	dddddddd 89	
	If you wish, please add further cound/or Class Counsel to reach you settlement check.	nfact information h i in the event there	nere. This will help the Settlement Administrator are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) B-mail:		-
) ,	Your Estimated Settlement Shar	ce. Dates of Emplo	Dyment, and Work Location
	Codence Design Systems, Inc.2s re	cords show that vo	ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as
			Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	CA		

1 of 2 Claim Form

H H

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3. I wish to receive my share of the proposed Settlement.

Signature

Date

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5. Questions?

Case 5:07-cv-02813-JW Document 68-12 Filed 06/19/2008 Page 6 of 59

Higazi v. Cadence Design Systems, ENTERED APR 3 0 2008 Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756

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Received By APR 3 0 2008 Settlement Services, Inc.

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1.	Your Contact Information.	14 contact information:
	Please review and, if necessary, correct on the line to the	right your contact information.
	Cadence Employee ID # 111512 Last four digits of Social Security number	
	luhlludahduddandllumlllumlahdad Suma G. Addagadde 61	·
	If you wish, please add further contact information here. and/or Class Counsel to reach you in the event there are settlement check.	This will help the Settlement Administrator questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening)	
	E-mail:	nent, and Work Location
2.	Your Estimated Settlement Share, Dates of Employn	complexed by Cadence in a Covered
	Your Estimated Settlement Share, Dates of States of Stat	tlement (see § 1.a. of the Class Notice) as
	follows:	ates of Employment
		End Date
	State(s) Where You Worked Start Date	End Date
	CA	
	NC	

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3.	I wish to receive my share of the proposed Settlement.	, ,	
	Mysey.	04/26/08	, 2008
	Signature	Date	

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Higazi v. Cadence Design Systems, IRNTERED APR 2 8 2008
Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 RECEIVED BY

APR 28 2008

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	Your Contact Information.		and the second second
	Please review and, if necessary, co	rrect on the line	to the right your contact information:
	Cadence Employee ID # 111512 Last four digits of Social Security	number	
	lululululululululululululululul Suma G. Addagadde 61		
*	If you wish, please add further con and/or Class Counsel to reach you settlement check	itact information in the event there	here. This will help the Settlement Administrator e are questions or difficulties sending you your
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) <u>.</u>	Your Estimated Settlement Shar	e, Dates of Emp	loyment, and Work Location
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	•		Dates of Employment
	State(s) Where You Worked	Start Date	End Date
٠	CA NC		

T Y

Case 5:07-cv-02813-JW Document 68-12 Filed 06/19/2008 Page 9 of 59 25 08 06:40p Krishna and Suma 919-367-7491 P.1

Based on this information, your estimated Settlement Share is \(\). Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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Signature

04/26/08 , 2008

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Case 5:07-cv-02813-JW Document 68-12 Filed 06/19/2008 Page 10 of 59

Higazi v. Cadence Design Systems, Inc. ENTERED APR 1 4 2008

Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By APR 14 2008

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. Your Contact Information.		
Please review and, if necessary, c	correct on the line t	to the right your contact information:
Cadence Employee ID # 106108 Last four digits of Social Security	number .	
lldaddllaadladladdladdd Stephen Alvin 56	սեփեսվել	
If you wish, please add further co	ntact information l	nere. This will help the Settlement Administ
• •		are questions or difficulties sending you you
Telephone number (daytime): Telephone number (evening) E-mail:		
Your Estimated Settlement Shar	re, Dates of Empl	oyment, and Work Location
		ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) a Dates of Employment
Ctata(a) Where Von Worland	Start Date	
State(s) Where You Worked	Start Date	End Date

X &

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5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW Document 68-12

Document 68-12 - Filed 06/19/2008

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Page 12 of 59 **RECEIVED BY**

APR 28 2008

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ENTERED APR 2 8 2008

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Last four digits of Social Security number	Last four digits of Social Security number		Please review and, if necessary, correct on the line to the right your contact information:
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	State(s) Where You Worked Start Date End Date		Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:
State(s) Where You Worked Start Date End Date	<i>5445</i> (5) (1455)		Dates of Employment
			State(s) Where You Worked Start Date End Date

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Signature Signature

Date

, 2008

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Settlement Services, In

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	Cadence Employee ID # 112311 Last four digits of Social Security r	number		
	llılındıdıdıdıdıdıdıdıdıdlınıdllınıdllıdıdıd Girish C. Badola 175			
	If you wish, please add further cont and/or Class Counsel to reach you is settlement check.	act information on the event there	here. This will help the Settlement Administrate are questions or difficulties sending you your	itoi
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	State(s) Where You Worked	Start Date	End Date	

CA

Based on this information, your estimated Settlement Share is \$ ______. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all-matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

4/10/,2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

9

ENTERED APR 1 1 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 1 0 2008

Dettlement Services, Inc.

CLAIM FORM

2.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, co	rrect on the line to	o the right your contact information:	
	Cadence Employee ID # 112311 Last four digits of Social Security	number		
	lldmlubhludhdudhdumllaudlldub Girish C. Badola 17			
	• "			
	If you wish, please add further con and/or Class Counsel to reach you settlement check.	tact information h in the event there	nere. This will help the Settlement Administrate are questions or difficulties sending you your	or
	Telephone number (daytime): Telephone number (evening) E-mail:		- ·	
·	Your Estimated Settlement Shar	e. Dates of Emplo	oyment, and Work Location	
	Cadence Design Systems, Inc.'s re- Position during the Covered Period follows:	cords show that yo as defined in the	ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as	
			Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	СЛ			



Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all-matters relating to this action, including the settlement of my claims.

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.liesscabraser.com/cadence-overtime.htm, isagasi@lchb.com, or 1-800-541-7358.

Document 68-12 Filed 06/19/2008 Page 18 of 59 v. Cadence Design Systems, Inc. Case 5:07-cv-02813-JW

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

APR 14 2008 Settlement Services, 1.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.			
	Please review and, if necessary, co	orrect on the line to the	right your contact information:	
	Cadence Employee ID # 100333 Last four digits of Social Security	number	· · · · · · · · · · · · · · · · · · ·	
	llılınlırlılılırlılılırlırlırlırlır James Baptist 109	ddladlald		
	If you wish, please add further con and/or Class Counsel to reach you settlement check.			
	Telephone number (daytime): Telephone number (evening) E-mail:			•••
2.	Your Estimated Settlement Shar	e, Dates of Employme	ent, and Work Location	
	Cadence Design Systems, Inc.'s re Position during the Covered Period follows:			
		Det	on of Francisco	_
	C(() WI - W - W - 1 - 1		es of Employment	_
	State(s) Where You Worked	Start Date	End Date	
	CA			



Based on this information, your estimated Settlement Share is \$\\$\\$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Dota

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756

ENTERED JUN 0 4 2008

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
JUN 04 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	1. Your Contact Information.		
	Please review and, if necessary, correct of	on the line to the	right your contact information:
	Cadence Employee ID # 102053 Last four digits of Social Security number	er	
	lldudddluddulluddddddluddluddluddlud Konstantin Blank 99	ıııll	
	If you wish, please add further contact in and/or Class Counsel to reach you in the settlement check.	nformation here. 'event there are q	This will help the Settlement Administrator uestions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		
2.	Your Estimated Settlement Share, Da	tes of Employme	nt, and Work Location
	Cadence Design Systems, Inc.'s records Position during the Covered Period as de follows:	show that you we efined in the Settle	ere employed by Cadence in a Covered ement (see § 1.a. of the Class Notice) as
		Date	es of Employment
	State(s) Where You Worked Star	rt Date	End Date
	CA		

1 of 2 Claim Form Chy

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

	Kostja Bluk	JUNE 1	, 2008
Signature	(KONSTANTIN BLANK)	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Document 68-12 | Filed 06/19/2008 Case 5:07-cv-02813-JW

Higazi v. Cadence Design Systems, Inc.

ENTERED JUN 0 2 2014ss Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Page 22 of 59 Settlement Berniess, In

8005 20 NUL

Received By

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information. Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 102053 Last four digits of Social Security number
	Habadalbadalbadaldaddaddadadl Konstantin Blank 99
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Castalogue Cadence Design Systems, Inc.'s records show that you were employed by Castalogue Cadence Cadence Design Systems, Inc.'s records show that you were employed by Castalogue Cadence Cad
	follows: Dates of Employment
	End Date
	State(s) Where You Worked Start Date End Date
	CA

1 of 2

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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١.	I wish to receive my sh	hare of the proposed Settlement.		
	·	Kootra Blank	JUNE	, 2008
	Signature	(KONSTANTIN BLANK)	Date	

4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Document 68-12

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ENTERED JUN 0 2 2008 Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

JUN 0 2 2008

Settlement Services, Inc

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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1.	Your Contact Information		
	Please review and, if necessary, co	orrect on the line to	o the right your contact information:
	Cadence Employee ID # 103868 Last four digits of Social Security	number	
	Derek Bliss		30.32.45 h
	settlement check. Telephone number (daytime): Telephone number (evening) E-mail:	In the event diore	e are questions or difficulties sending you your
2.	Your Estimated Settlement Shan	re, Dates of Empl	loyment, and Work Location
	Cadence Design Systems, Inc.'s re	cords show that y	you were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as
			Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	UT		



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

Signature

140

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. ENTERED APR 1 4 2008

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received b

APR 14 2008

Settlement Service:

CLAIM FORM

CA

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.		
	Please review and, if necessary, correct	ct on the line to the r	ight your contact information:
	Cadence Employee ID # 111992 Last four digits of Social Security nun	nber ·	
	llılınlıdılılılılılılılılılılılılılılılı	lmillid	
	If you wish, please add further contact and/or Class Counsel to reach you in t settlement check.	t information here. The event there are qu	This will help the Settlement Administrato lestions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		
2.	Your Estimated Settlement Share, I	Dates of Employmen	nt, and Work Location
	Cadence Design Systems, Inc.'s record Position during the Covered Period as follows:	ds show that you we defined in the Settle	re employed by Cadence in a Covered ement (see § 1.a. of the Class Notice) as
		Date	s of Employment
	State(s) Where You Worked S	tart Date	End Date

1 of 2 Claim Form

2008

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3. I wish to receive my share of the proposed Settlement.

Signature 4.

4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

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Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY

APR 28 2008

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CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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1.	Your Contact Information.	t wour contact information:
	Please review and, if necessary, correct on the line to the righ	t your contact into and
	Cadence Employee ID # 107780 — Last four digits of Social Security number —	
	lldaddadddddddlalladladdadddddddddd Richard Bramwell 105	
	If you wish, please add further contact information here. The and/or Class Counsel to reach you in the event there are quest settlement check.	is will help the Settlement Administrator stions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	J Work Location
2.	E-mail: Nour Estimated Settlement Share, Dates of Employment	and Work Location
4.	Cadence Design Systems, Inc.'s records show that you were Position during the Covered Period as defined in the Settlen	
	follows:	of Employment
		End Date
	State(s) Where You Worked Start Date	
	CA	

CA



Based on this information, your estimated Settlement Share is \$\\$\\$\\$\"our estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature Signature

APRIC 24 th , 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 MAY 1 5 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information. Please review and, if necessary, correct on the line to the ri	ght your contact information:
	Cadence Employee ID # 115495 Last four digits of Social Security number	
	lldiadalddalddalddalddaldalliadlliad Andrew Branon 12	
	If you wish, please add further contact information here. and/or Class Counsel to reach you in the event there are consettlement check.	This will help the Settlement Administrator questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening)	-
	E-mail:	ent, and Work Location
2.	Cadence Design Systems, Inc.'s records show that you very Position during the Covered Period as defined in the Set	tlement (see § 1.a. of the Class Notice) as
	follows:	ates of Employment
		End Date
	State(s) Where You Worked Start Date	
	Siarcis) 11 Acceptance	
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Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

Chile h. Brown	5-12	, 2008
Signature	Date.	

4. Postmark Deadline

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Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. 62 **Class Action Settlement Administrator**

Post Office Box 1756

APR 24 7008

Received B

Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008 **ENTERED** APR 2 4 2008

CLAIM FORM

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Your Contact Information.	•	•		
Please review and, if necessary, o	correct on the line	to the right your contact	et information:	
Cadence Employee ID # 110845 Last four digits of Social Security		· · · · · · · · · · · · · · · · · · ·		_
lldudduulluldluudlduudldu Rose Bravata 148	Hamillad			
- :			· · · · · · · · · · · · · · · · · · ·	<u> </u>
If you wish, please add further co and/or Class Counsel to reach you settlement check.				
and/or Class Counsel to reach you				
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening)	u in the event ther	e are questions or diffic	culties sending yo	
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail:	u in the event there are, Dates of Emp records show that	e are questions or diffice	culties sending you contain the contains and contains and contains a contains	ou you
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shate Cadence Design Systems, Inc.'s reposition during the Covered Period	u in the event there are, Dates of Emp records show that	e are questions or diffice	culties sending you concern the Class Notice of the Class Notice cultivates and the cultivate of the cultivates and the cultivates are concerned as the cultivates are cultivated as the cultivated as	u you

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3. Signature and Confirmation of Consent to Join Collective Action

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- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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3. I wish to receive my share of the proposed Settlement.

Rose a Bravata
Signature

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 0 5 2008
Settlement Services, Inc

92

ENTERED MAY 0 6 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 107915 Last four digits of Social Security number
	Haladadadadadadadadadadadadadadadadadada
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows: Dates of Employment
	State(s) Where You Worked Start Date End Date
	WA

re of

Based on this information, your estimated Settlement Share is \$\forall \text{Your estimated Settlement}\$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Date

, 2008

Page 35 of 59

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW Document 68-12 Filed 06/19/2008 **5** age 36 of 59

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 0 5 2008
Dettlement Services, Inc.

ENTERED MAY 0 6 2008

CLAIM FORM

2.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

Please review and, if necessary, con	rrect on the line to the r	ight your contact	information:
Cadence Employee ID # 106080 Last four digits of Social Security r	number		
	The state of the s	The second second	
lldudalddalldddlluddaldd Charles S. Byrd 112			
•		· .	
If you wish, please add further cont and/or Class Counsel to reach you i			
and/or Class Counsel to reach you is settlement check: Telephone number (daytime): Telephone number (evening)	n the event there are qu	estions or difficu	Ities sending you y
and/or Class Counsel to reach you is settlement check. Telephone number (daytime): Telephone number (evening) E-mail:	n the event there are que . Dates of Employment cords show that you wer	estions or difficu	ties sending you y
and/or Class Counsel to reach you is settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share Cadence Design Systems, Inc.'s receposition during the Covered Period	n the event there are quent the event there are quent the event there are quent the event the ev	estions or difficu	ties sending you y
and/or Class Counsel to reach you is settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share Cadence Design Systems, Inc.'s receposition during the Covered Period	n the event there are quent the event there are quent the event there are quent the event the ev	estions or difficu	cation adence in a Covere



Based on this information, your estimated Settlement Share is \$\\$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

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3. I wish to receive my share of the proposed Settlement.

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<u>4/11/08</u>,200

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

Document 68-12 Filed 06/19/2008 Page 38 of 59

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By APR₄1 1 2008

settlement Services, Inc.

CLAIM FORM

2.

BY: ;

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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l. Your Contact Information.			
Please review and, if necessary,	correct on the line	to the right your contact info	4
Cadence Employee ID # 106080		to the right your confact infor	nauon:
Last four digits of Social Securit	y number		
lldodolddadladdalllaabladd Charles S. Byrd 1	ժուհերոն 12		
e en			
If you wish, please add further coand/or Class Counsel to reach you settlement check.	ntact information h	nere. This will help the Settlern are questions or difficulties se	nent Administrato nding you your
Telephone number (daytime): Telephone number (evening) E-mail:			<u> </u>
Your Estimated Settlement Shar	e. Dates of Emplo	yment, and Work Location	A Marie 10
Cadence Design Systems, Inc.'s re Position during the Covered Period follows:	cords show that wa	W. Word overland L. C. I	in a Covered ass Notice) as
		Dates of Employment	
State(s) Where You Worked	Start Date	End Date	
CA			

1 of 2 Claim Form

Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

4. Postmark Deadline

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5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

ENTERED MAY 2 8 2008

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 27 2008

Settlement Services, Inc.

CLAIM FORM

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1.	Your Contact Information.		
	Please review and, if necessary, corr	ect on the line to the	ie right your contact informations
	Cadence Employee ID # 111646 Last four digits of Social Security no		
	llılınlılıllınınllılınllılılınllınlılınıl Raquel Candelaria 193	hhhahll	
	-		
	and/or Class Counsel to reach you i settlement check.	act information here at the event there at	re. This will help the Settlement Administratore questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening)		
	E-mail:	Dates of Employ	yment, and Work Location
2.	Your Estimated Settlement Share	e, Dates of Employ	ment, and
	Cadence Design Systems, Inc.'s rec Position during the Covered Period	cords show that you as defined in the S	were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as
	follows:		
			Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	CA		

CA

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3. I wish to receive my share of the proposed Settlement.

Signature

May 16th

_____, 200

4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED APR 2 4 2008

Received B

APR 2 4 2008

Settlement Services, Ju-

CLAIM FORM

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1.	Your Contact Information.	
	Please review and, if necessary, correct on the line to the r	ight your contact information:
	Cadence Employee ID # 104973 Last four digits of Social Security number	
	lldaddaallaldaalldaddalallalladdadd Ge Cao 20	
	If you wish, please add further contact information here. I and/or Class Counsel to reach you in the event there are quesettlement check.	nestions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	
2.	Your Estimated Settlement Share, Dates of Employmen	nt, and Work Location
	Cadence Design Systems, Inc.'s records show that you wer Position during the Covered Period as defined in the Settle follows:	
	Dates	s of Employment
	State(s) Where You Worked Start Date	End Date
	CA CA	

Claim Form

OP OF

Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.	4/2	, 2008
Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 1 2 2008
Settlement Services Inc.

ENTERED MAY 1 2 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, co	rrect on the line to	the right your contact i	nformation:
	Cadence Employee ID # 111343 Last four digits of Social Security 1	number		
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	If you wish, please add further contand/or Class Counsel to reach you settlement check.	tact information he in the event there	ere. This will help the S are questions or difficult	ettlement Administrator ties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		—	
2.	Your Estimated Settlement Share	e, Dates of Emplo	yment, and Work Loc	<u>ation</u>
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	cords show that yo as defined in the	ou were employed by Ca Settlement (see § 1.a. of	dence in a Covered the Class Notice) as
	· · · · · · · · · · · · · · · · · · ·		Dates of Employment	
	State(s) Where You Worked	Start Date	End Dat	<u>e</u>
1	CA		•	

1 of 2 Claim Form CP C

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ENTERED MAY 0 8 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

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Settlement Services, by

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Please review and, if necessary, co	orrect on the line to	the right your contact information:
Cadence Employee ID # 104121 Last four digits of Social Security	number	<u> </u>
Hilimbolidadadadadadadadadada Yen-Chin Chen 22		
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and/or Class Counsel to reach you	ntact information he in the event there a	re. This will help the Settlement Adminis re questions or difficulties sending you yo
If you wish, please add further con and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail:	ntact information he in the event there a	re. This will help the Settlement Administre questions or difficulties sending you yo
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening)	in the event there a	re questions or difficulties sending you yo
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re	in the event there a re. Dates of Employecords show that you has defined in the S	yment, and Work Location u were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice)
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re Position during the Covered Period	ecords show that you as defined in the S	re questions or difficulties sending you yo

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Mughin Clem	5/3/08	, 2008
Signature	Date	

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Tallahassee, FL 32302-1756
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5. Questions?

Case 5:07-cv-02813-JW Document 68-12 Filed 06/19/2008 Page 48 of 59 JUN 0 9 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
JUN 0 9 2008
Settlement Services, Inc.

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1.	Your Contact Information.		
	Please review and, if necessary, corre	ect on the line to the r	right your contact information:
	Cadence Employee ID # 112096 Last four digits of Social Security nu	mber	
	llılınlılındlıllılınlıdıdıdlıllıdlındıdındl Mandy Cheng 126	11111	
	If you wish, please add further contact and/or Class Counsel to reach you in settlement check.	ct information here. It the event there are qu	This will help the Settlement Administratuestions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		· · · · · · · · · · · · · · · · · · ·
2.	Your Estimated Settlement Share,	Dates of Employmen	nt, and Work Location
			re employed by Cadence in a Covered ement (see § 1.a. of the Class Notice) as
		Date	s of Employment
	State(s) Where You Worked	Start Date	End Date
	CA		



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Signature

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<u>/_____,</u> 2008

Date

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5. Questions?

Filed 06/19/2008 FAX NO. 4084285519 Page 50 of 59 P. 01 193

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

ENTERED JUN 0 4 2008

Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By

JUN 04 2008

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Your Contact Information.		
Please review and, if necessary, co.	rrect on the line to	the right your contact information:
Cadence Employee ID # 112096 Last four digits of Social Security 1	number	
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If you wish, please add further con and/or Class Counsel to reach you settlement check.	stact information he in the event there a	re. This will help the Settlement Admini re questions or difficulties sending you y
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and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re Position during the Covered Period	in the event there a c. Dates of Employ cords show that you	re questions of difficulties schding you y
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shar	re. Dates of Employecords show that you as defined in the S	yment, and Work Location u were employed by Cadence in a Covere

1 of 2 Claim Form 4 20

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Signature

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5. Questions?

Case 5:07-cv-02813-JW

Document 68-12

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Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

APR 2 1 2008

Settlement Services, in

ENTERED APR 2 1 2008

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1.	Your Contact Information.		
	Please review and, if necessary, cor	rect on the line to	o the right your contact information:
	Cadence Employee ID # 112592 Last four digits of Social Security n		
	llılınıldı.llululıllınlılınlılınıldı. Ravi Cherukuru 166		
	If you wish, please add further contand/or Class Counsel to reach you settlement check.	act information lin the event there	here. This will help the Settlement Administrator are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		
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	Cadence Design Systems, Inc.'s re- Position during the Covered Period follows:	cords show that y	you were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	CA NJ		
	CA		'





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3.	I wish to receive my share of the proposed Settlement.	<u>.</u>	
	(Rami	06/15/	, 2008
		T 1	
	Signature	Date	

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Page No Page 1 1 Received By

APR 1 1 2008 Settlement Services, Inc.

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Your Contact Information.			
Please review and, if necessary, o	correct on the line to	the right your contact information:	
Cadence Employee ID # 110851 Last four digits of Social Security	y number		- -
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and/or Class Counsel to reach you			
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RECEIVED BY

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ENTERED APR 2 8 2008

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	Cadence Employee ID # 108931 Last four digits of Social Security number				
	lldudulddludluddluddluddluddluddluddlud				
	If you wish, please add further contact information her and/or Class Counsel to reach you in the event there are settlement check.	e. This will help the Settlement Administrator e questions or difficulties sending you your			
	Telephone number (daytime): Telephone number (evening) E-mail:				
2.	Your Estimated Settlement Share, Dates of Employ	ment, and Work Location			
	adence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered osition during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as				
	follows:	4			
		Dates of Employment			
	State(s) Where You Worked Start Date	End Date			
	CA				

CA



Based on this information, your estimated Settlement Share is \(\) Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

Document 68-12

Filed 06/19/20 **ENTERE 5**8 of 59 MAY 1 3 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By MAY 1 3 2008

ettlement Services, Inc

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information. Please review and, if necessary, correct on the line to the right your contact information:					
	Cadence Employee ID # 108561 Last four digits of Social Security num	-				
	llduduldhalldhalalddalalldadal Ching-Ju Daisy Chou 23	Unlili				
	If you wish, please add further contact and/or Class Counsel to reach you in settlement check.	t information here. The event there are quarter	This will help the Settlement Admin nestions or difficulties sending you y	istrator your		
	Telephone number (daytime): Telephone number (evening) E-mail:			·.		
2	E-man: Your Estimated Settlement Share.	Dates of Employme	nt, and Work Location	d		
2.	Your Estimated Settlement Share, Cadence Design Systems, Inc.'s reco Position during the Covered Period a	ere employed by Cadence in a Cover ement (see § 1.a. of the Class Notice	e) as			
	follows:		es of Employment			
		Start Date	End Date			
	State(s) Where You Worked	Start Date				
	CA					

Based on this information, your estimated Settlement Share is

Your estimated Settlement
Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class
Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the
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